

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Hon. Commissioner of Patents and Trademarks
Washington, D.C. 20231

Atty Dkt.: 2059-50



Sir:

04/20/98

Attached for filing is the patent application of:

Inventor: Neil S. ROTHMAN et al

Entitled: **BELT WITH DETACHABLE BLADDER FOR
CARDIOPULMONARY RESUSCITATION AND
CIRCULATORY ASSIST**

and including attachments as noted below:

Declaration, Abstract
 15 pages of specification and claims (including 11 numbered claims), and
 6 sheets of accompanying drawing/s.
 Record & return the attached assignment to the undersigned.
 Priority is hereby claimed under 35 USC 119 based on the following foreign applications:

Application Number	Country	Day/Month/Year Filed
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, respectively.

Certified copy(ies) of foreign application(s): attached: filed on

in U.S. Application Serial No. _____ filed on _____

or in PCT Application No. _____ filed _____

Please amend the specification by inserting before the first line -- This is a _____ of PCT application _____, filed _____

Priority is hereby claimed under 35 USC 120/365 based on the following prior PCT applications designating the U.S.:

Application Number	Country	Day/Month/Year Filed
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This application is based on the following prior provisional application(s):

Application No.	Filing Date
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respectively, and priority is hereby claimed therefrom.

Please amend the specification by inserting before the first line: -- This application claims the benefit of U.S. Provisional Application No. _____, filed _____.

Verified Statement attached establishing "small entity" status (Rules 9 & 27)

Preliminary amendment to claims (attached hereto), to be entered before calculation of the fee below.

Also attached:

FILING FEE IS BASED ON CLAIMS AS FILED LESS ANY HEREWITH CANCELED

Basic Filing Fee	\$	790.00
Total effective claims 11 - 20 (at least 20) = 0 x \$ 22.00	\$	0.00
Independent claims 2 - 3 (at least 3) = 0 x \$ 82.00	\$	0.00
If any proper multiple dependent claims now added for first time, add \$270.00 (ignore improper)	\$	0.00
	SUBTOTAL	\$ 790.00
If "small entity," then enter half (1/2) of subtotal and subtract		-\$(0.00)
	SECOND SUBTOTAL	\$ 790.00
Assignment Recording Fee (\$40.00)		\$ 40.00
	TOTAL FEE ENCLOSED	\$ 830.00

Any future submission requiring an extension of time is hereby stated to include a petition for such time extension.

The Commissioner is hereby authorized to charge any deficiency in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

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U.S. PATENT APPLICATION

Inventor(s): Neil S. ROTHMAN
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Invention: BELT WITH DETACHABLE BLADDER FOR CARDIOPULMONARY
 RESUSCITATION AND CIRCULATORY ASSIST

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SPECIFICATION

RELATED APPLICATION

This is a continuation-in-part application claiming priority to co-pending U.S. Patent Application Serial No. 08/404,442, filed March 15, 1995, and issued as U.S. Patent No. _____ on _____.

5

FIELD OF THE INVENTION

The present invention relates to cardiopulmonary resuscitation (CPR) and circulatory assist systems, and in particular to an improved inflatable vest for those systems that is easy to apply to patients and reduces the energy consumed during inflation.

10

DESCRIPTION OF THE PRIOR ART

Cardiac arrest is generally due to ventricular fibrillation, which causes the heart to stop pumping blood. The standard treatment of ventricular fibrillation is defibrillation. Defibrillation applies an electrical shock to restart the heart, but does not by itself cause oxygenated blood to flow through the heart or the venous system of the patient. If more than a few minutes have lapsed since the onset of ventricular fibrillation, the heart will be sufficiently deprived of oxygen and nutrients such that defibrillation will generally be unsuccessful. Accordingly, it is necessary to restore the flow of oxygenated blood to the heart muscle by cardiopulmonary resuscitation in order for defibrillation to be successful.

Cardiac assist treatments augment the heart and the vascular system in moving blood through the heart, lungs and other organs. Cardiac assist aids a weakened heart that is still beating and moving blood in the venous system of the patient. In both cardiac assist and CPR, an inflatable vest can be used to

cyclically compress the chest to raise intrathoracic pressure and move blood through the heart and other organs.

U.S. patent 4,928,674 captioned "Cardiopulmonary Resuscitation and Assisted Circulation System" (the '674 patent) describes a method of 5 cardiopulmonary resuscitation using an inflatable vest operating under a pneumatic control system to apply circumferential pressure around a patient's chest. The '674 patent discloses a vest having a rigid base and one or more inflatable bladders. The present invention is an improved vest over that shown in the '674 patent that can be easily applied to a patient. In addition, the present 10 invention requires less compressed air and consumes less energy than the vest shown in the '674 patent. Reducing the energy required for vest inflation is especially important for portable CPR and cardiopulmonary assist systems.

SUMMARY OF THE INVENTION

The present invention is an improved inflatable vest designed to be used 15 in cardiopulmonary resuscitation (CPR) and circulatory assist systems. The vest overcomes deficiencies in prior art designs. The vest is easily applied to a patient in an emergency situation, such as when a patient is suffering from cardiac arrest or some other acute heart ailment. The vest includes a radially expandable bladder held tightly against the chest. The bladder first expands to 20 conform to a patient's dimensions, and then cyclically applies circumferential pressure to a patient's chest to sufficiently increase intrathoracic pressure to move blood through the heart and other organs. The vest bladder (either integral or removable) expands radially when filled with compressed air to conform to the patient's chest dimensions regardless of how tightly or loosely 25 the vest is initially wrapped around the patient.

In addition, the vest minimizes the amount of compressed air needed in the compression/decompression cycle, by conserving the air pressure in the vest initially used to tighten the vest around a patient. The decrease in vest pressure during the compression/decompression cycle is sufficient to relieve the 5 intrathoracic pressure in the chest of the patient and, during some cycles, sufficient to allow the patient to be ventilated, i.e., breath. Conserving some air pressure in the vest reduces energy consumption and makes a portable vest system more practical.

The vest is designed to work equally well whether it is applied tightly or 10 loosely to the chest of a patient. The vest slips under a patient laying on his back, and wraps around the patient's chest. Velcro® strips on the vest hold the ends of the vest together around a patient's chest without the need for complicated hooks or locks.

The vest can have a detachable bladder. The vest may include a reusable 15 belt that wraps around a patient, and a detachable bladder that is sandwiched between the belt and the chest of the patient. The bladder must be attached to the belt when the vest is used for CPR or for cardiopulmonary assist. The attachment between the belt and bladder may be temporary. The bladder may be detachable from the belt and discarded after it has been used on a patient. 20 The bladder may include a temporary attachment mechanism, such as Velcro® strips that latch to strips on the belt or a sleeve that loops around the belt. The bladder may also be attached by simply being placed between the belt and the chest of the patient, such that the inflation of the bladder secures it to the belt.

BRIEF DESCRIPTION OF DRAWINGS

Figures 1A to 1C show side, top and bottom views of a first inflatable vest for CPR and cardiac assist;

Figures 2A - 2C are schematic drawings showing the radial expansion of
5 the bladder of the vest shown in Figures 1A-1C, where the bladder tightens the vest around a patient's chest and compensates for any initial looseness of the vest around the chest;

Figure 3 is a schematic drawing of a CPR and cardiac assist system, including the vest shown in Figures 1A-1C applied to a patient;

10 Figure 4 is a graph of a pressure curve in the vest shown in Figures 1A-1C during the inflation/deflation cycles of the bladder;

Figures 5A-5B is a graph of the pressure curve in the vest when the vest is either tightly applied 10 (Fig. 5A) or loosely applied (Fig. 5B).

15 Figures 6A - 6B are schematic diagrams of a belt for an alternative vest, where the bladder is detached from the belt;

Figure 7 is a cross-sectional schematic diagram of a detachable bladder to be used with the belt shown in Figures 6A and 6B;

Figure 8 is a schematic diagram of the alternative vest design having the belt shown in Figures 6A and 6B and the detachable bladder shown in Figure 7;

20 Figure 9 is a schematic diagram of another alternative embodiment of a vest comprising a vest and a detachable bladder configuration, and

Figure 10 is a schematic diagram of a further alternative embodiment of a vest comprising a vest and detachable bladder.

DETAILED DESCRIPTION OF THE DRAWINGS

The details of a first embodiment of a vest in accordance with the present invention, are shown in Figures 1A, 1B, and 1C. The vest 10 is coupled by connector 12 to a hose 28 (Fig. 3) through which air flows from an air source 40 (Fig. 3) for controlled inflation and deflation of the vest bladder 22. The vest 10 is designed to fit around a patient's chest (see Fig. 3). Velcro® strips 14 and 16 secure the vest around the patient.

The vest 10 comprises a belt 18, a handle 20, a radially expandable bladder 22, and, optionally, a pressure safety relief valve 24. The belt 18 can be made from polyester double coated with polyurethane. The integral pressure relief valve 24 provides additional protection against over inflation of the vest, and will allow air to escape from the bladder if the pressure in the bladder exceeds a threshold value to which the valve 24 is set. However, the pressure relief valve may not be necessary, especially if the inflation system 40 has a mechanism to prevent excessive pressure in the bladder.

Then handle 20 is used to assist the operator in applying the vest 10 around the patient. In operation, the patient would be normally on his back and would be rotated to his side as the vest is placed under his back. In one technique for applying the vest, the vest handle 20 would be pushed under the patient and the patient rotated from his side to his back. The handle 20 would then be used to pull the vest under the patient to align the bladder with the chest of the patient. The portion of the vest remaining on the patient's other side would be wrapped around the chest, with the Velcro® strips 16 positioned to

engage the Velcro® strip 14 adjacent to the handle 20. With the vest secured around the patient's chest, the bladder 22 can be initially inflated in a controlled manner to tighten the belt around the patient. Subsequently, the vest is cyclically inflated and partially deflated to provide the circumferential

5 compression of the chest to move oxygenated blood through the heart, brain, the vascular system and other organs.

The vest design is insensitive to how tightly the vest is applied to the patient. The bladder of the vest and the rather-long length of the vest compensates for different patient dimensions. The bladder 22 is designed to

10 apply a preset pressure to the patient's chest regardless of how tightly or loosely the vest belt is initially applied. Bladder 22 is made from two flat pieces of a nylon fabric double coated with polyurethane and connected along seams 26, 28, and 32, 34. This design geometry, and similar designs using multiple panels, allows the bladder to extend radially (like a bellows) towards and

15 against the chest when inflated. The design geometry greatly restricts the sideward or outward expansion of the bladder which is namely ballooning of the bladder. Accordingly, the expansion of the bladder is primarily directed against the chest to increase therapeutic intrathoracic compression, and is not misdirected to balloon the bladder.

20 Radial expansion of the bladder is achieved by using an inextensible material for the bladder, that has no significant ballooning when inflated, and a bladder geometry that permits extension in one direction which is radially inward towards the chest. This radial expansion is shown in Figures 2A, 2B, and 2C. When the bladder is inflated, it expands radially to make contact with

25 the patient's chest. Whether the belt 18 is attached loosely or tightly around the patient's chest, the bladder is designed to radially expand to contact the chest

and tighten the vest. After contacting the chest, the bladder can be further pressurized to apply consistent circumferential compression to the chest.

Figure 3 is a schematic diagram showing the vest 10 as part of the overall cardiopulmonary resuscitation and cardiac assist system. Female connector 12 on the vest 10 connects to a hose 38 to the pneumatic control system 40. Control systems are shown in pending U.S. patent application Serial No. 08/731,049 entitled "Cardiopulmonary Resuscitation System With Centrifugal Compression Pump" and in the '674 patent. The vest should be positioned around the chest as shown in Figure 3.

The pneumatic control system 40 inflates and deflates the bladder 22 to achieve a particular cycle of chest compression and release. As shown in Figure 4, the bladder is inflated to apply a certain circumferential pressure to the chest (P_c); and the bladder is then deflated in a controlled manner to a second lower bias pressure (P_b), which may be atmospheric pressure. This cycle is repeated a predetermined number of times. After a set number of cycles, e.g., five, the bladder pressure in the next cycle is decreased further to ambient pressure (P_a) to allow for ventilation of the patient. These cycles are repeated as long as the treatment is applied to the patient.

Figures 5A and 5B are graphs showing bladder pressure that show how the vest will expand to conform with the chest, and is further pressurized to apply pressure until the compression pressure (P_c) is reached. In Figure 5A the vest is tightly applied around the patient's chest, and in Figure 5B the vest is loosely applied to the patient. In both situations the vest bladder will expand radially to contact the chest and tighten the belt, and will then continue to apply pressure until the desired compression pressure (P_c) is applied to increase the

intrathoracic pressure. When the vest is loosely applied, the amount of air required to tighten a loose vest (Figure 5B) is greater than is needed for a belt that is applied tightly. As a result, the time to reach the compression pressure (P_c) will be slightly greater ($\Delta \pm$) when the belt is applied loosely. The 5 difference between t_1 (62) in Figure 5A and t_2 (64) in Figure 5B illustrates the extra time ($\Delta \pm$) needed to tighten a loose vest. This extra ($\Delta \pm$) period of time is not considered to be significant in the operation of the vest. Accordingly, there is no need for a tight application of the vest around the patient's chest. Because there is no precise requirement as to the applied vest tightness, the vest 10 can be applied in the hectic situation of responding to a patient's emergency needs, without having the application of the vest be an undue concern to the physician team.

Figures 6A - 6B show an alternative vest comprised of a belt 700 to be used with a detachable bladder (see Fig. 7). Figure 6A shows a top side 702 of the belt and Figure 6B shows a bottom side 704 of the belt. The belt is a strip of inelastic material, such as polyester double coated with polyurethane. The belt includes an aperture opening 706 to receive a connector 810 of the bladder 800. In the belt has a handle 708, and Velcro® strips 710, 712 on opposite sides and ends of the belt. The arrangement of the Velcro® strips shown in Figures 7A 15 and 7B is exemplary, and other arrangements of Velcro® strips or other attachment mechanisms may be used to secure the belt 700 around a patient. 20

The width (w) of the belt corresponds to the length of the thorax of a person, and may be 10 inches in width. The width of the belt should preferably not be so width as to constrain the expansion of the abdomen of small adults. If 25 the belt is to be used for children, then its width should not be so wide as to constrain the expansion of the abdomen of the children for which the vest is

intended. The length (LL) of the belt should be sufficient to wrap around large adults. The belt may be, for example, 58 inches in length. A long belt with extended Velcro® strips can be easily applied to small persons, because the belt applied to a small person will have an extended free end which should not 5 interfere with treating the patient.

Figure 7 shows in cross-section a detachable bladder 800 to be used with the belt shown in Figures 6A and 6B. An advantage of a detachable bladder is to allow the belt to be reused. The detachable bladder may be discarded after a one time use on a patient. There may be circumstances in which an vest formed 10 of an integral belt and bladder is reusable, and there is no need to detach the bladder. However, if it is desired that the bladder be discarded after use, then the detachable bladder 800 allows the belt 700 to be reused.

The detachable bladder 800 may be formed from a top rectangular section of fabric 802 and a bottom rectangular section of fabric 804 that are 15 sealed together at a rectangular seam 806. The top and bottom fabric sections 802, 804 may be a nylon fabric double coated with polyurethane, or other strong and substantially inelastic fabric material. The shape of the fabric sections 802, 804 that form the bladder may have curved corners and may in other ways have a shape that is not rectangular.

20 The top (belt side) and bottom (chest side) sections 802, 804 of the bladder are sealed 806 at their edges to form an air-tight chamber 808. A connector port 810 provides an air passageway to the chamber of the bladder. The connector port may be a cylindrical post that forms a male connector to a hose (shown in Figure 3). The connector port is shown at the center of the top 25 fabric section 802, but may be located at some other position on the bladder.

However, the top, center location for the connector has the advantage of allowing the connector port 810 to function as an alignment post to center the bladder 800 under the belt 700.

As is shown in Figure 8, the width (W) of the bladder 800 is greater than the width (w) of the belt 700. For example the bladder may be approximately two inches wider than the belt such that the bladder extends beyond the belt by one inch on both sides of the belt. The section of the bladder that extends beyond the width of the belt provides for the radial expansion (like a bellows) of the bladder. The design geometry and inelastic bladder material restrict the sideward or outward expansion of the bladder which is namely ballooning of the bladder. When assembled with the belt, the bladder is constrained on its top by the belt and on its bottom by the patient's chest. As the bladder inflates, the edges of the bladder (which includes the section of the bladder extending beyond the belt) expand radially, as would a pleat of a bellows. This expansion is almost completely radially inward toward the chest, once the belt is tight around the patient. The expansion of the bladder edges is not by way of stretching the inelastic bladder matter or in directions other than radially due to the design of the bladder and the constraints of the belt and chest. Accordingly, the expansion of the bladder is primarily directed against the chest where it increases intrathoracic compression.

The belt 700 has an aperture 706 through which extends the connector port when the bladder is coupled to the belt. The shape and area of the aperture 706 should be approximately the same as or slightly greater than the cross-sectional shape and area of the connector port 810 so that the connector port may easily inserted into the aperture, and to align the bladder under the belt.

A sleeve 812 on the bladder provides an opening 814 through which the belt extends in a manner similar to a belt in a belt loop. The sleeve may be formed of the same material as used for the bladder sections 802, 804, or may be of some other fabric. The sleeve is attached at its side edges 816 to the top section 802 of the bladder. The sleeve edges 816 are attached to the top bladder section inwardly of the bladder seam 806.

As is shown in Figure 8, the belt 700 slides through the opening 814 between the sleeve 812 and the top section 802 of the bladder 800. The sleeve holds the bladder and belt together, and prevents the bladder from rotating beneath the belt. The belt slides through the sleeve, until the aperture 706 of the belt and the connector port 810 of the bladder align. The connector port is inserted through the aperture 706 to complete the assembly of the vest, and to prevent sliding of the bladder under the belt. Upon being assembled, the vest is ready to be wrapped around a patient. It may be preferable for a small number of belts and bladders to be assembled prior to any emergency. These assembled vests would be on-hand and ready for instant use in case of an emergency.

Figure 9 shows an alternative arrangement for securing a detachable bladder 800 to a belt 700. Instead of the sleeve 812 shown in Figure 8, a plurality, e.g., a pair, of loops 1000, 1002 can be attached to the bladder to receive the belt. Each loop 1000, 1002 is attached at its ends to the top section 802 of the bladder. The loops are parallel to each other, and each loop forms an opening with the bladder to receive the belt 700. The loops prevent the bladder from rotating beneath the belt, while the aperture 810 and connector post 706 prevent the belt from sliding off the bladder.

Figure 10 shows a further arrangement for securing the bladder to the belt. A pair of adhesive strips, anti-skid pads, or Velcro™ patches 1100, 1102 may be affixed to the inner surface of the belt, and corresponding patches may be included on the top section 802 of the bladder. The bladder is attached to the belt by inserting the connector post 810 of the bladder through the aperture 706 of the belt, and then superimposing the patches 1100, 1102 on the belt over the corresponding patches on the bladder. It is preferred that the patches 1100, 1102 on the belt do not extend to the sides of the belt, but rather be positioned sufficiently inward on the belt to avoid interference with the expansion of the bladder.

Obviously, many modifications and variations of the present invention are possible in light of the above teachings. It is therefore to be understood that within the scope of the appended claims, the invention may be practiced otherwise than as specifically described.

WHAT IS CLAIMED IS:

- 1 1. An inflatable vest to circumferentially fit around a patient comprising:
2 a belt of inextensible material sized to fit circumferentially around
3 the patient with a width to cover a substantial portion of a chest of the patient,
4 having an inner surface facing toward the chest, and having an aperture sized to
5 receive a connector post of a removable bladder;
6 the removable bladder secured to said belt and further comprising:
7 a bottom-chest panel of an inextensible material sized to
8 cover a substantial portion or more of the chest;
9 a top-belt panel of an inextensible material having edges
10 sealed to edges of the bottom-chest panel to form an air tight bladder chamber, said
11 top-belt panel having a width substantially greater than a width of the belt,
12 the connector post mounted to the top-belt panel to form a
13 gas passageway to the chamber mounted on said belt and in fluid communication
14 with said chamber, said connector post adapted to couple with a pneumatic hose.

- 1 2. The vest of claim 1, wherein said panels of the removable bladder are
2 made of a nylon fabric double coated with polyurethane.

- 1 3. The vest of claim 1, wherein the width of said top-chest panel is at least
2 two inches greater than a width of the belt where the belt overlaps the bladder.

- 1 4. The vest of claim 1 further comprising a sleeve attached to said top-chest
2 panel and where said sleeve forms an opening to receive the belt.

- 1 5. The vest of claim 1 further comprising a pair of loop bands attached to
2 said top-chest panel and where each of said loop bands forms an opening to receive
3 the belt.

1 6. An inflatable vest to circumferentially fit around a patient comprising:

2 a belt sized to fit around the patient with a width to cover a

3 substantial portion of the chest of the patient, said belt being substantially

4 circumferentially inextensible when fitted around the patient;

5 a removable bladder which radially expands when filled with a gas

6 to first to tighten the belt around the patient and second to cyclically apply

7 circumferential pressure against the chest, wherein said removable bladder further

8 comprises:

9 a bottom-chest panel of an inextensible material that covers at

10 least a substantial portion of the chest,

11 a top-belt panel of an inextensible material sealed to said

12 bottom-chest panel to form a gas tight bladder chamber having an opening to

13 receive compressed gas, and

14 at least one band attached at opposite ends to said top-belt

15 panel, where the band and the top-belt panel form an opening to receive the belt.

1 7. The vest of claim 6, wherein said panels of the removable bladder are

2 made of a nylon fabric double coated with polyurethane.

1 8. The vest of claim 6, wherein the width of said top-chest panel is at least

2 two inches greater than a width of the belt where the belt overlaps the bladder.

1 9. The vest of claim 6 further comprising a sleeve attached to said top-chest

2 panel and where said sleeve forms an opening to receive the belt.

1 10. The vest of claim 6 further comprising a pair of loop bands attached to

2 said top-chest panel and where each of said loop bands forms an opening to receive

3 the belt.

1 11. The vest of claim 6, wherein said top-chest panel has at least one
2 attachment panel which attaches to at least one corresponding attachment panel on
3 an inner surface of the belt, when the belt is aligned with the bladder.

ABSTRACT

An inflatable vest design for cardiopulmonary resuscitation (CPR) and for cardiac assist. The vest may include a belt that wraps around the chest of a patient, and a removable bladder that is placed against the chest and held in place by the belt. The inflatable bladder expands radially to first conform to a patient's chest, and to apply circumferential pressure to the thorax of the patient.

5 By cyclically inflating the bladder, the vest can be used in CPR and cardiac assist treatments. In addition, alternative vest designs are disclosed showing removable bladders. These vest improvements lower the energy consumption and make smaller and portable cardiopulmonary resuscitation systems more

10 practical.

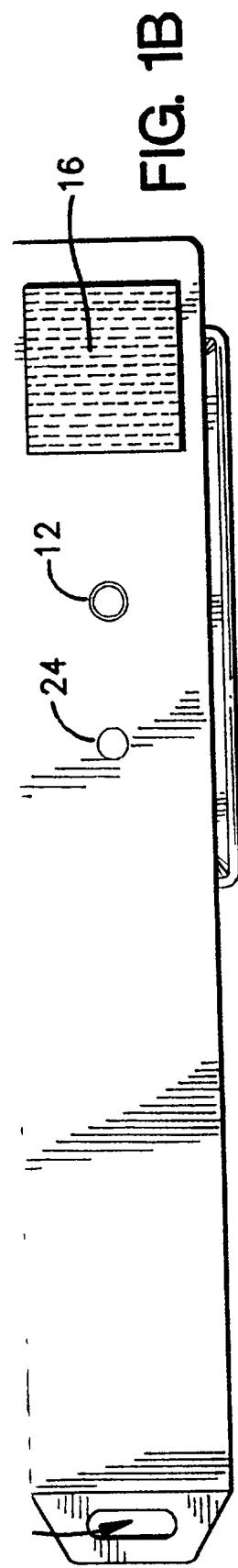


FIG. 1B

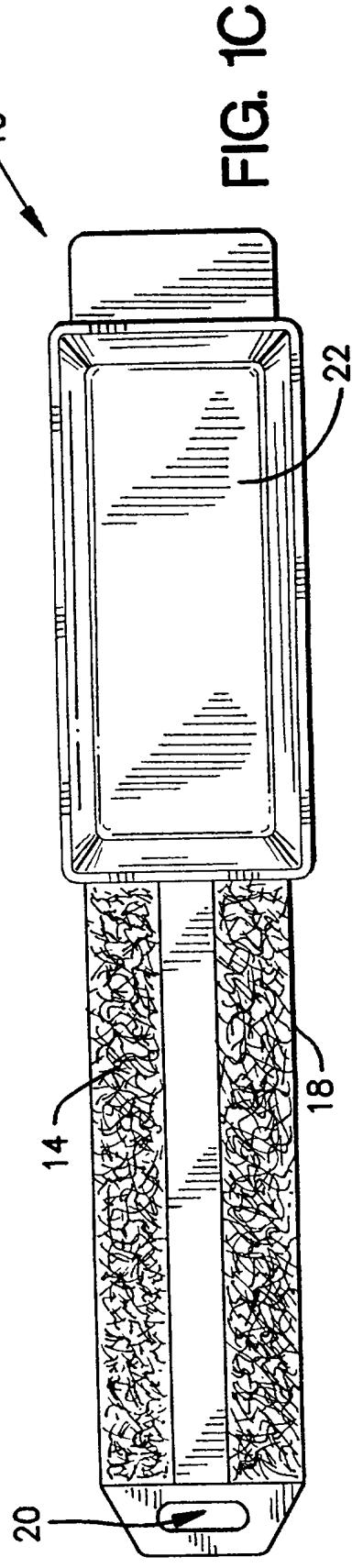


FIG. 1C

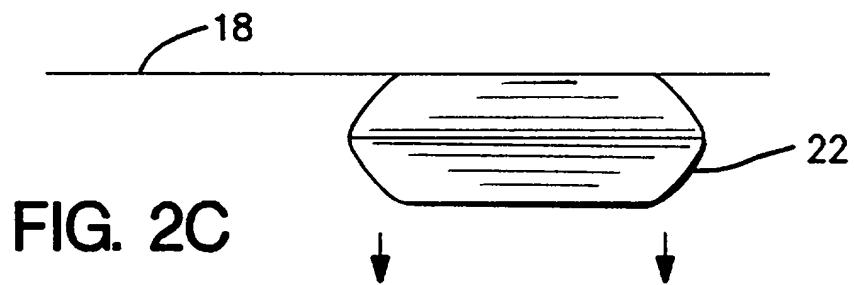
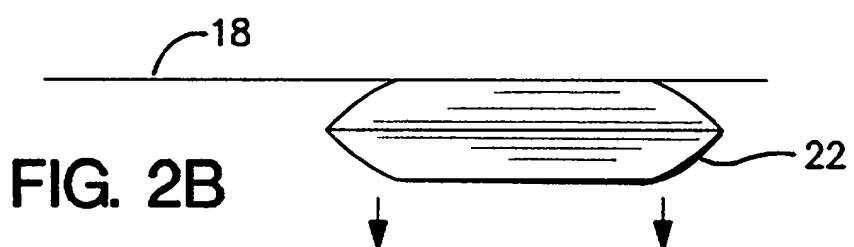
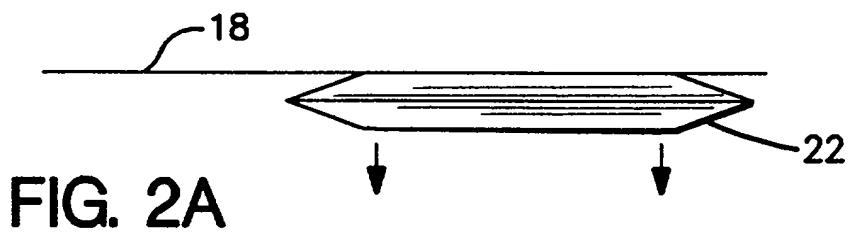
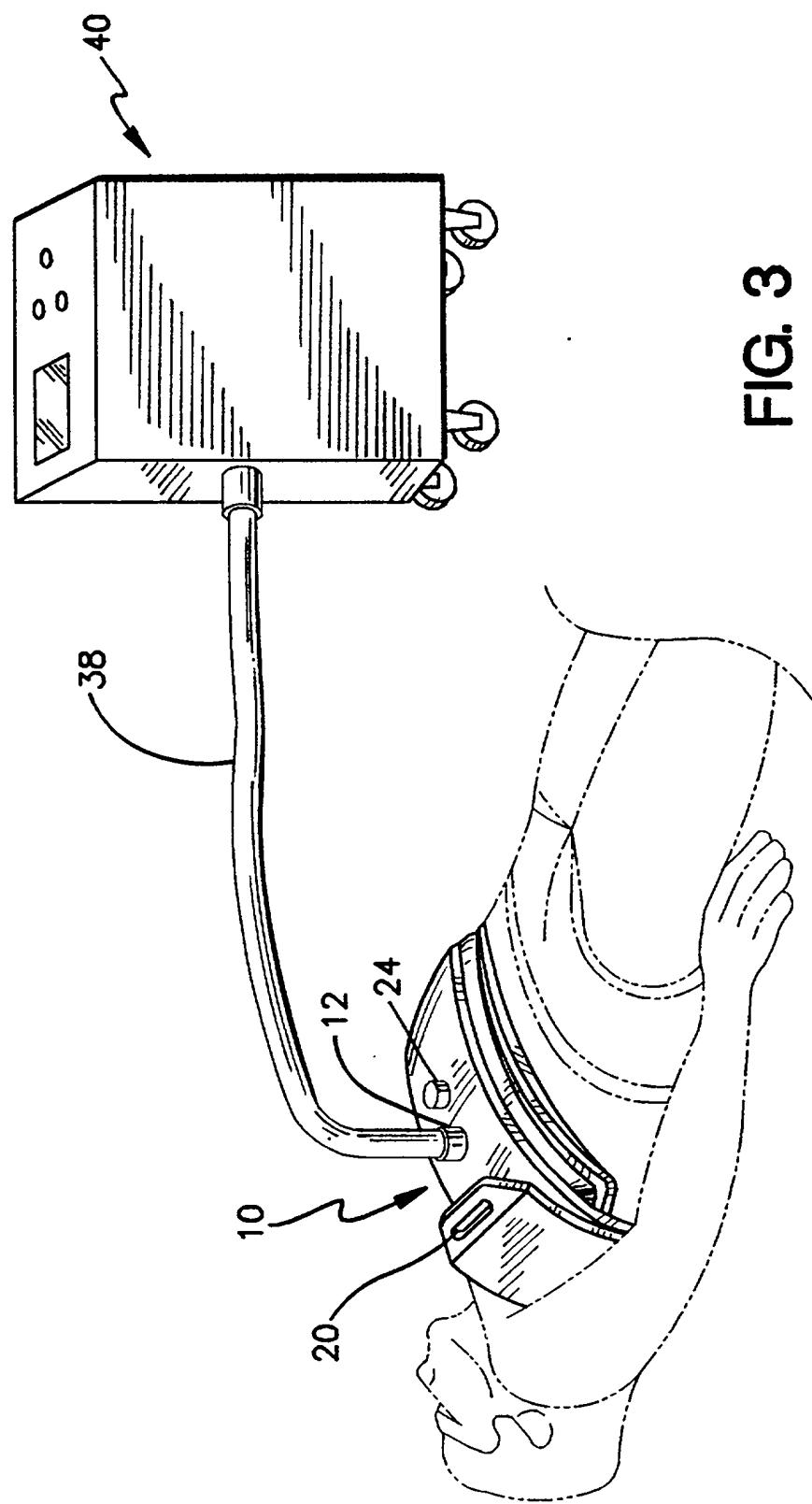
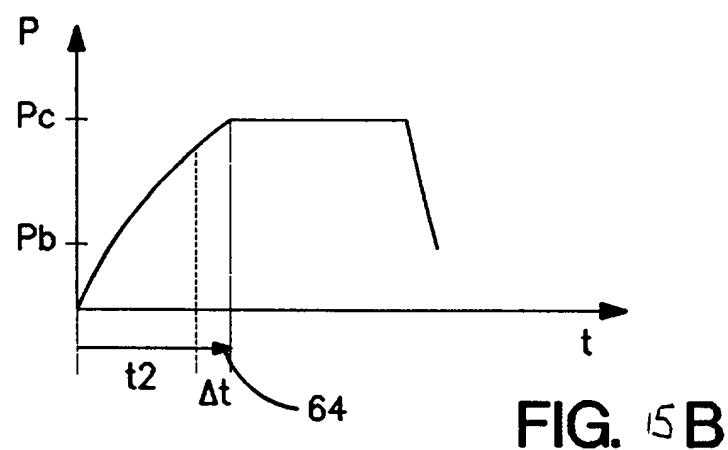
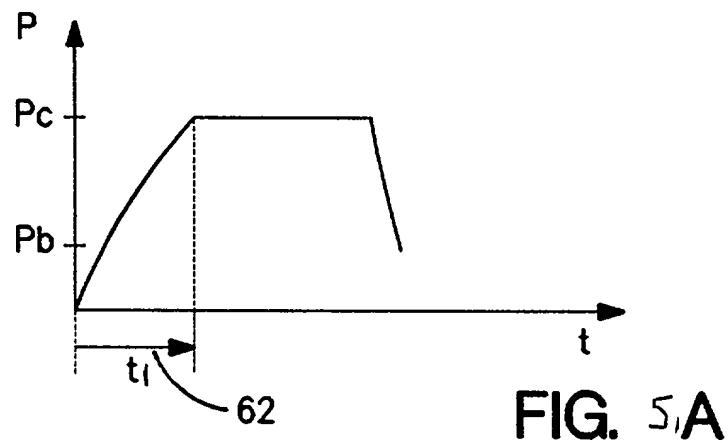
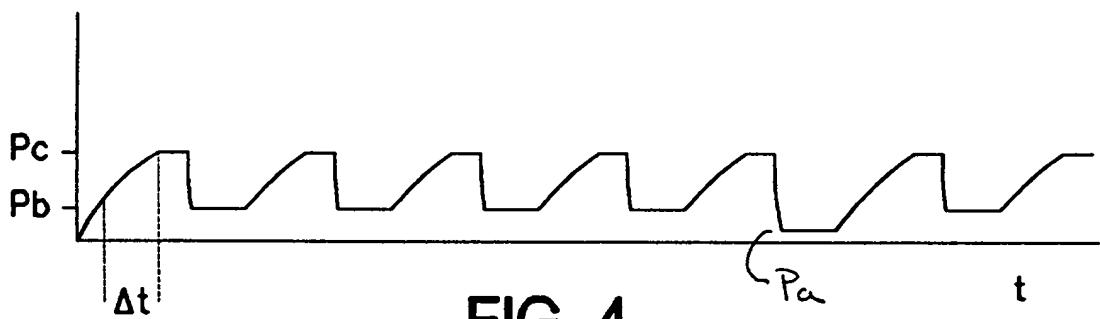


FIG. 3





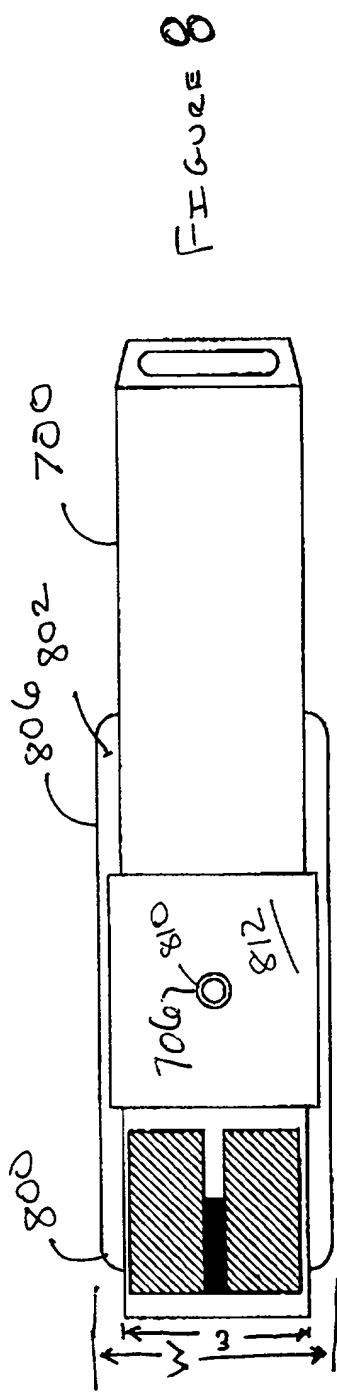
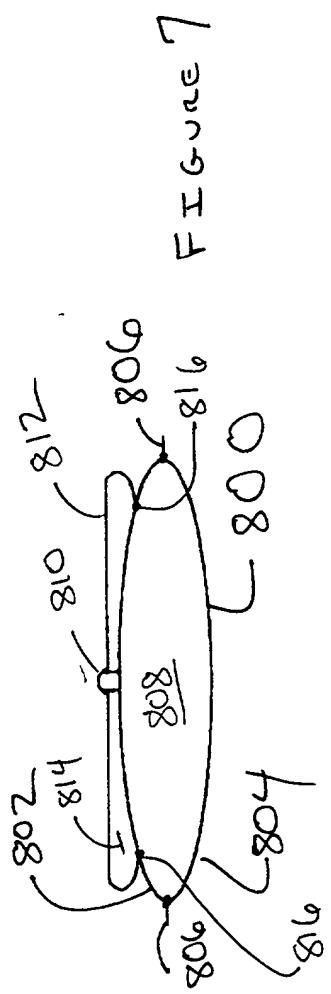
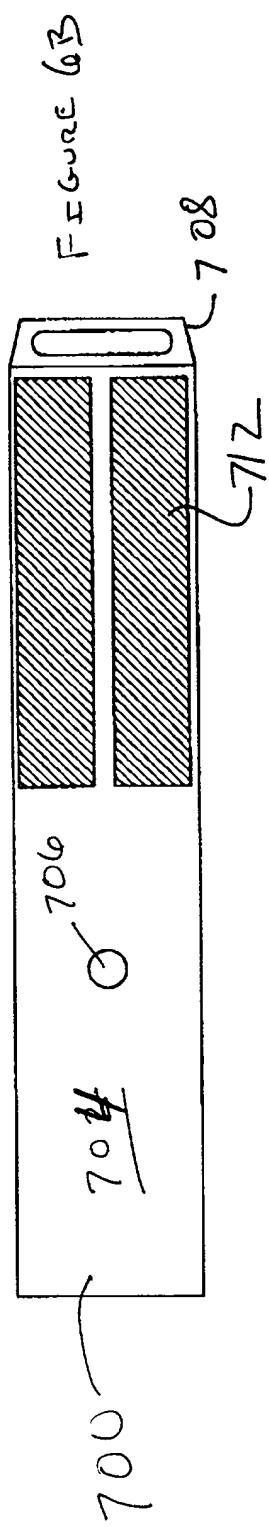
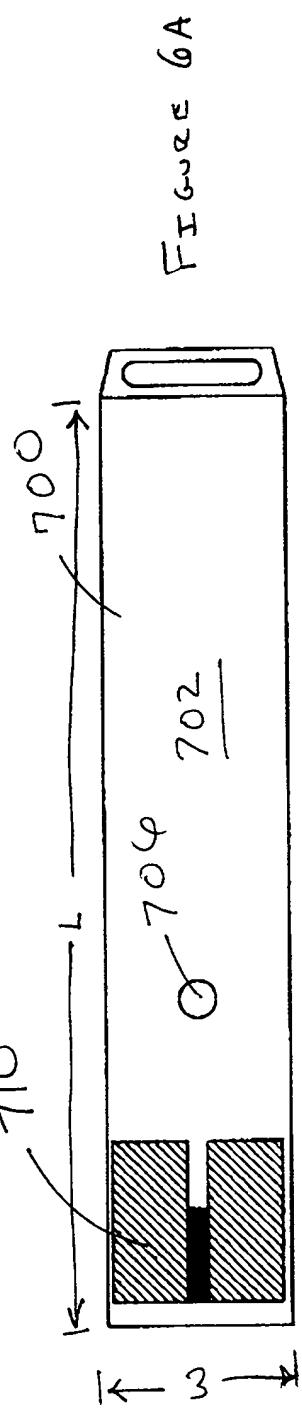


FIGURE 9

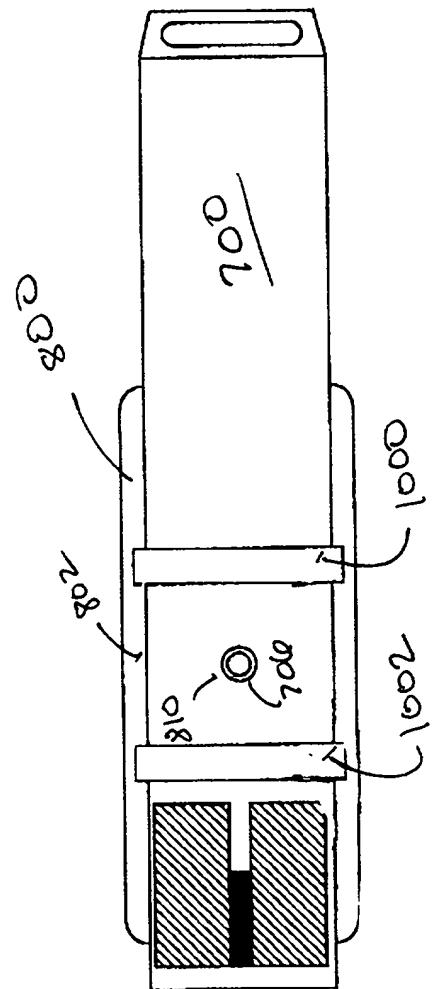
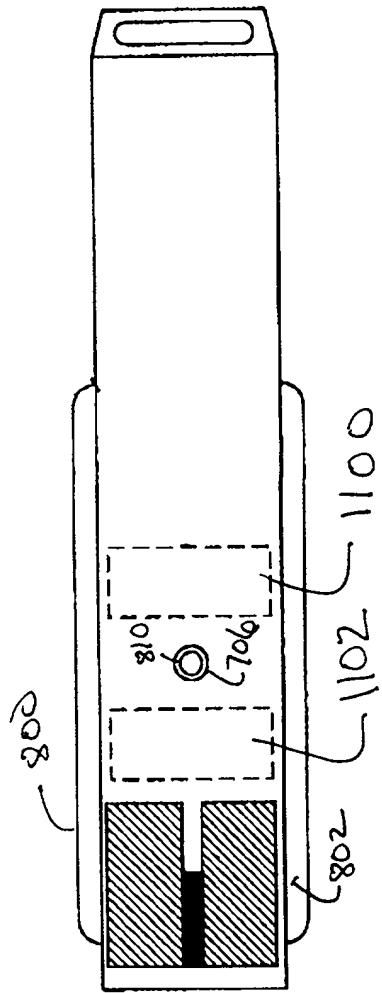


FIGURE 10



RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BELT WITH DETACHABLE BLADDER FOR CARDIOPULMONARY RESUSCITATION AND CIRCULATORY ASSIST

the specification of which (check applicable box(s)):

is attached hereto

was filed on _____

as U S Application Serial No _____

(Atty Dkt No. 2059-50)

was filed as PCT International application No _____

on _____

and (if applicable to U S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application.

Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below

Application Number	Date/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application

Prior U.S./PCT Application(s):

Application Serial No.	Day/Month/Year Filed	Status: patented pending, abandoned
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08/404,442

15 March 1995

Pending

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint **NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 8th Floor, Arlington, VA 22201-4714, telephone number (703) 816-4000 (to whom all communications are to be directed)**, and the following attorneys thereof (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Arthur R. Crawford, 25327, Larry S. Nixon, 25640, Robert A. Vanderhye, 27076, James T. Hosmer, 30184, Robert W. Faris, 31352, Richard G. Besha, 22770, Mark E. Nusbaum, 32348; Michael J. Keenan, 32106, Bryan H. Davidson, 30251, Stanley C. Spooner, 27393; Leonard C. Mitchard, 29009, Duane M. Byers, 33363, Jeffry H. Nelson, 30481; John R. Lastova, 33149, H. Warren Burnam, Jr. 29366, Thomas E. Byrne, 32205; Mary J. Wilson, 32955, J. Scott Davidson, 33489, Alan M. Kagen, 36178; William J. Griffin, 31260; Robert A. Molan, 29834, B. J. Sadoff, 36663, James D. Berquist, 34776; Updeep S. Gill, 37334 *

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